



APPLICATION FOR WATERCRAFT DEALER LICENSE

State Form 47584 (3-96)

Approved by State Board of Accounts, 1996

Bureau of Motor Vehicles

Dealer Department
6400 E. 30th Street
Indianapolis, IN 46219
Telephone: (317) 591-5304

FOR BMV USE ONLY

License number

License Fee

\$

FEES For 2 Year License

Class A - \$60.00 for first place of business, plus
\$20.00 for each additional location.

Class B - \$40.00 for only one place of business.

This state agency is requesting disclosure of personal information that is necessary to accomplish the statutory purpose of this state agency according to 140 IAC 3-2.1-5. Disclosure of this information is mandatory. Failure to provide any information may prevent this application from being processed.

This state agency is requesting disclosure of your Federal Identification number according to 140 IAC 3-2.1-5. If no Federal Identification number is available, then your Social Security number must be given. Disclosure is mandatory and this application cannot be processed without it. If your Federal Identification number is given then disclosure of your Social Security number is voluntary and you will not be penalized for not disclosing it.

Type of Application: ☐ New ☐ Duplicate (license number _____)

Name of owner / sole proprietor (last name, first name, middle initial)		Owner's Social Security number
Legal name of business		Telephone number ()
Business location address (street, city, state, ZIP code)		
If above is a rural location, please give directions to place of business		
If applying for a Class A license: Give the address of each location to be licensed. Attach an additional sheet for each additional location; giving name, address and telephone number.		
Liability insurance must meet the following requirements: The policy must have limits of not less than one hundred thousand dollars (\$100,000) for bodily injury to one person, three hundred thousand dollars (\$300,000) per accident, and fifty thousand dollars (\$50,000) for property damage. These minimum amounts must be maintained during the time the license is valid.		
Name of insurance carrier	Policy number	Date of expiration (month, day, year)
Retail Merchants Certificate number	Please provide a copy of your Indiana Registered Retail Merchant Certificate.	Federal I.D. number
Indicate the type of watercraft sold N <input type="checkbox"/> New Only U <input type="checkbox"/> Used Only B <input type="checkbox"/> New and Used		
Indicate your type of business A <input type="checkbox"/> Dealer C <input type="checkbox"/> Manufacturer E <input type="checkbox"/> Broker G <input type="checkbox"/> Transfer B <input type="checkbox"/> Discount D <input type="checkbox"/> Distributor D <input type="checkbox"/> Wholesale Dealer H <input type="checkbox"/> Auctioneer		
Do you intend to purchase a dealer registration? <input type="checkbox"/> Yes <input type="checkbox"/> No		How many watercraft do you expect to sell during the next twelve (12) months?
Is this business seasonal? <input type="checkbox"/> Yes <input type="checkbox"/> No		If Yes, check months or partial months in business JAN FEB MAR APR MAY JUN JUL AUG SEP OCT NOV DEC

Indicate the business' principal type of product sold or service rendered			
Indicate whether your established place of business is: <i>(check one)</i>			
<input type="checkbox"/> Owned <input type="checkbox"/> Leased			
Indicate whether applicant is: <i>(check one)</i>			
<input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation			
List the names, titles, home addresses, and home telephone numbers of all owners, if sole proprietorship; all partners, if partnership; and all officers and directors if corporation. If additional space is necessary, enclose a sheet listing the remaining names, titles, home addresses and home telephone numbers.			
NAME	TITLE	HOME ADDRESS	HOME TELEPHONE NUMBER
Has any business you've been involved with currently or in the past had a dealer license suspended or revoked or had an application for dealer license rejected in this state within the last three years?			
<input type="checkbox"/> Yes <input type="checkbox"/> No			
If Yes, please give details			
<p>PLEASE NOTE:</p> <p>Every Manufacturer, Distributor, Retail or Wholesale Dealer must file with the Bureau of Motor Vehicles Dealer Department, a current copy of each franchise to which it is a party, or, if multiple franchises are identical except for stated items, a copy of the form franchise with supplemental schedules of variations from the form.</p> <p>ALL BOOKS, RECORDS AND FILES RELATING TO APPLICANT'S INVENTORY AND WATERCRAFT TITLES MUST BE KEPT AT THE ESTABLISHED PLACE OF BUSINESS AND BE AVAILABLE FOR INSPECTION.</p>			
<p>I hereby certify, under penalty of perjury, that I am authorized to make this application and that the answers and information contained in this application are true and correct.</p>			
Date <i>(month, day, year)</i>		Signature of owner, partner or officer	
Title		Printed or typed name	

Before submitting this application, have you:

- ☐ Enclosed a check or money order made payable to the Bureau of Motor Vehicles;
- ☐ Enclosed a copy of each franchise agreement;
- ☐ Enclosed a copy of your Indiana registered Retail Merchant Certificate;
- ☐ Enclosed your SR 23 *(insurance policy)*;
- ☐ Enclosed a sheet giving the name, address and telephone number of each additional business location;
- ☐ Enclosed a sheet listing the remaining owners' names, titles, home addresses and home telephone numbers.

APPLICATION FOR DUPLICATE DEALER LICENSE DOES NOT REQUIRE ANY FEES OR ENCLOSURES.